

# INDEX OF CLAIMS

✓ ..... Rejected ..... N ..... Non-elected  
 = ..... Allowed ..... A ..... Interference  
 - (Through numeral) ... Canceled ..... Appeal  
 - ..... Restricted ..... Objected

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Claim	Date
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**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

09/99349A

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
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50									100			
Total Indep				3					Total Indep			
Total Depend				27					Total Depend			
Total Claims				30					Total Claims			

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